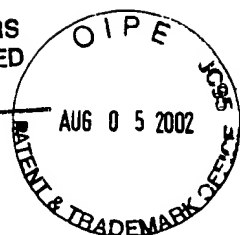


COPY OF PAPERS
ORIGINALLY FILED



Correspondence Mail

BOX AF

AF/2700

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2622, Expedited Procedure

In re Application of:

Docket No. 03500.013131

TAKEYUKI NAGASHIMA

Application No.: 09/197,475

Examiner: T. Carter

Filed: September 23, 1998

Group Art Unit: 2622

For: PRINTER SERVER, METHOD FOR PROCESSING
DATA, AND STORAGE MEDIUM

Date: July 29, 2002

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

RECEIVED
AUG 08 2002
Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 12	MINUS	** 20	= 0	x \$9 \$18	- 0 -
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$42 \$84	- 0 -
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$400.00 to cover the fee for a two month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Costa Mesa office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 32622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

CA_MAIN 46973 v 1